



Opposition Statement SB393/HB551
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We Strongly Oppose SB393/HB551

On behalf of our pro-life members across the state, I strongly oppose SB393 as written. While “telehealth” is a worthwhile goal for Maryland, “**teledeath**” must be expressly excluded from all telehealth policy.

As written, this bill could be used to kill not to heal. It could force Maryland taxpayers to fund the remote administration of lethal drugs that are intended to end human life, including **abortion-inducing drugs like mifepristone** (common brand name Mifeprex) and lethal drugs used in **Physician Assisted Suicide (PAS)**.

FDA guidelines maintain that the distribution and use of mifepristone, the drug commonly used in chemical abortions, must be under the supervision of a qualified healthcare provider because of the drug’s potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death.¹

But the abortion industry is pressuring the FDA to remove these safety restrictions- leaving women to fend for themselves. They brazenly promote abortion inducing drugs as “DIY abortions.” They want to convince women that these abortions are safe, easy, and nearly painless. They want to expand telemedicine to distribute more abortion pills, faster, so providers can dispense these drugs en masse, putting profits before patients. They even abandon women with complications to emergency rooms, refusing to deal with or even monitor the consequences of this dangerous drug.

The Maryland Medical Assistance Program and the **Maryland Children’s Health Program** are two primary programs used for publicly funded reimbursements to abortion providers in Maryland. Taxpayers should not be forced to fund abortions or subsidize the billion dollar private abortion industry. A 2019 Marist poll showed that 54% of Americans oppose the use of tax dollars to pay for abortion.

Funding restrictions are constitutional

Furthermore government funding restrictions on abortion are constitutional. The Supreme Court in *Harris v. McRae (1980)*, ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that “*no other procedure involves the purposeful termination of a potential life*” -- and affirmed that *Roe v. Wade* did not create a government funding entitlement.

We respectfully recommend that you heed the FDA’s existing safety restrictions on remote distribution of abortion drugs and issue an unfavorable report on this bill. Thank you.

¹ As of March 2020, the FDA reported 4,480 adverse events after women used Mifeprex/mifepristone for abortions (Mifeprex/mifepristone --- outcome: abortion/abortion induced). Among these events were 24 deaths, 1,183 hospitalizations, 339 blood transfusions, and 256 infections (including 48 “severe infections”).